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8 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
9 COUNTY OF SAN DIEGO  
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11	_____ )	
12	Coordination Proceeding )	Judicial Council Coordination Proceeding
13	Special Title (Rule 1550(b)) )	No. 4003
14	IN RE COORDINATED LATEX GLOVE )	CASE MANAGEMENT ORDER NO. 15
15	CASES )	AUTHORIZATION FOR RELEASE OF
16	_____ )	RECORDS
17	GENERIC FILING )	
18	_____ )	

19 Within ten days of the date of this Order, each plaintiff who has served responses to  
20 Defendants' Questionnaire No. 1 To Plaintiffs, shall serve on Defendants' Liaison Counsel an  
21 executed original of each of the attached Authorizations as set forth herein. Plaintiff shall execute  
22 an original Authorization For Release of Employment Information for each employer identified in  
23 plaintiff's responses to Defendants' Questionnaire No. 1 To Plaintiffs. Plaintiff shall execute an  
24 original Authorization For Release of Academic Information for each educational facility  
25 identified in plaintiff's responses to Defendants' Questionnaire No. 1 To Plaintiffs.

26 All plaintiffs who have not yet served responses to Defendants' Questionnaire No. 1 shall  
27 serve on Defendants' Liaison Counsel, concurrently with the service of said responses, an  
28 executed original of the attached Authorization For Release of Employment Information for each

1 employer identified in plaintiff's responses to Defendants' Questionnaire No. 1 To Plaintiffs and  
2 an executed original Authorization For Release of Academic Information for each educational  
3 facility identified in plaintiff's responses to Defendants' Questionnaire No. 1 To Plaintiffs.

4         Within ten days after service of a written request by any defendant to any plaintiff for  
5 additional authorizations, said plaintiff shall either: 1) provide original authorizations for either  
6 academic, employment or insurance and disability information in the forms attached hereto,  
7 pertaining to each entity set forth in the written request; or 2) have a telephonic hearing on  
8 plaintiffs' objections to said request, subject to the Court's calendar.

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11         **IT IS SO ORDERED.**

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13         DATED: December \_\_, 1998

\_\_\_\_\_  
14         William C. Pate  
15         Judge of the Superior Court  
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# AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

TO: \_\_\_\_\_  
(Name of facility)

RE: \_\_\_\_\_ v. \_\_\_\_\_  
(Plaintiff's name)

Court Case No. JCCP 4003

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_

This Authorization for Release of Information authorizes you to furnish to the law firm of BACALSKI, BYRNE & KOSKA, 402 West Broadway, 24th Floor, San Diego, CA 92101 (619) 239-4340, or their authorized agent, AMERICAN DATAMED, for their examination, review, and photocopying any and all records, files, information or opinion regarding the above-referenced student, including but not limited to the following:

**ANY AND ALL EMPLOYMENT RECORDS (excluding PSYCHOLOGICAL, PSYCHIATRIC and HIV records)** including, applications for employment, pre-employment exam records, wage and payroll records, work absence records, incident reports, performance reviews/evaluations, disciplinary records, benefits, insurance records, medical treatment records, and other health-related services and any other treatment, diagnosis or non-psychological therapy provided by any individual or organization, disability records, worker's compensation records, reports, documentation regarding specialized training, **LATEX ALLERGY COUNSELING AND/OR ATTENDANCE AT EMPLOYER-SPONSORED LATEX SEMINAR RECORDS** continuing education seminar attendance and/or certifications, proof of licensure, any notes and correspondence pertaining to employment of the undersigned;

The above information is material and relevant to the above referenced lawsuit. All information obtained may be disclosed subject to the existing Protective Order, Case Management Order No. 3.

This authorization shall remain valid for one year from the date of the signing hereof.

Only the original of this authorization is valid; a photocopy of this form is not valid and may not be used for any purpose.

1 The undersigned acknowledges that she has the right to  
2 receive a copy of this authorization upon request.

3 I hereby consent to the release of all such records.

4 Dated: \_\_\_\_\_

\_\_\_\_\_  
[Must be an original signature  
to be valid]

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1 **AUTHORIZATION FOR RELEASE**  
2 **OF ACADEMIC INFORMATION**

3 **TO:** \_\_\_\_\_  
4 (Name of facility)

5 **RE:** \_\_\_\_\_ v. \_\_\_\_\_  
6 (Plaintiff's name)

7 Court Case No. JCCP 4003

8 **Student's Name:** \_\_\_\_\_

9 **Date of Birth:** \_\_\_\_\_

10 **Soc Sec #:** \_\_\_\_\_

11 This Authorization for Release of Information authorizes you  
12 to furnish to the law firm of BACALSKI, BYRNE & KOSKA, 402 West  
13 Broadway, 24th Floor, San Diego, CA 92101 (619) 239-4340, or  
their authorized agent, AMERICAN DATAMED, for their examination,  
review, and photocopying any and all records, files, information  
or opinion regarding the above-referenced student, including but  
not limited to the following:

14 **ANY AND ALL INFORMATION** pertaining to the undersigned  
15 (**excluding PSYCHOLOGICAL, PSYCHIATRIC and HIV records**)  
including, but not limited to absence and attendance  
16 records, incident reports, instructor comments, report  
cards, grade transcripts, disciplinary records,  
17 educational and occupational test results, all office  
records, reports and performance evaluations, medical  
18 treatment records, and other health-related services  
and any other treatment, diagnosis or therapy provided  
by any individual or organization.

19 The above information is material and relevant to the above  
20 referenced lawsuit. All information obtained may be disclosed  
21 subject to the existing Protective Order, Case Management Order  
No. 3.

22 This authorization shall remain valid for one year from the  
23 date of the signing hereof.

24 Only the original of this authorization is valid; a  
25 photocopy of this form is not valid and may not be used for any  
purpose.

26 The undersigned acknowledges that she has the right to  
27 receive a copy of this authorization upon request.  
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I hereby consent to the release of all such records.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Must be an original signature  
to be valid]

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1                                   **AUTHORIZATION FOR RELEASE**  
2                                   **OF INSURANCE AND DISABILITY INFORMATION**

3   TO: \_\_\_\_\_  
4       (Name of facility)

5   RE: \_\_\_\_\_ v. \_\_\_\_\_  
6       (Plaintiff's name)

7       Court Case No. JCCP 4003

8   **Name:** \_\_\_\_\_

9   **Date of Birth:** \_\_\_\_\_

10   **Soc Sec #:** \_\_\_\_\_

11       This Authorization for Release of Information authorizes you  
12       to furnish to the law firm of BACALSKI, BYRNE & KOSKA, 402 West  
13       Broadway, 24th Floor, San Diego, CA 92101 (619) 239-4340, or  
14       their authorized agent, AMERICAN DATAMED for their examination,  
15       review, and photocopying any and all records, files, information  
16       or opinion regarding the above-referenced student, including but  
17       not limited to the following:

18       **ANY AND ALL INSURANCE AND DISABILITY RECORDS (EXCLUDING**  
19       **PSYCHOLOGICAL, PSYCHIATRIC and HIV records)** including,  
20       but not limited to ALL MEDICAL, EMPLOYMENT AND  
21       INSURANCE RECORDS, WORKER'S COMPENSATION, medical  
22       histories, laboratory tests, test reports, original EEG  
23       and EKG tracings, original x-ray films and all records  
24       of every description whether as an emergency room  
25       patient, inpatient or outpatient and/or pertaining to  
26       the care, consultation, examination, treatment,  
27       diagnosis or prognosis, insurance claim forms,  
28       applications, claims files, underwriting files and  
      reports, correspondence, statements of billing charges  
      and fees and records of payment of same, at any time  
      afforded the undersigned;

      The above information is material and relevant to the above  
      referenced lawsuit. All information obtained may be disclosed  
      subject to the existing Protective Order, Case Management Order No.  
      3.

      This authorization shall remain valid for one year from the  
      date of the signing hereof.

      Only the original of this authorization is valid; a photocopy  
      of this form is not valid and may not be used for any purpose.

      The undersigned acknowledges that she has the right to receive  
      a copy of this authorization upon request.

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I hereby consent to the release of all such records.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Must be an original signature  
to be valid]

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